

*FY2007 Notice of Intent to Apply*  
Teacher Initiated Program  
**Intent to Apply Deadline: January 2, 2006**  
THIS IS NOT AN APPLICATION  
**This form must be typed.**

It is mandatory that you mail or fax this form by **January 2, 2006** to: John S. Benjamin, Arts Education Program Director, Kentucky Arts Council, 21<sup>st</sup> Floor, Capital Plaza Tower, 500 Mero Street, Frankfort, KY 40601-1987, FAX: (502) 564-2839 in order to apply for this program.

School Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code – plus 4 \_\_\_\_\_

County \_\_\_\_\_ Phone Number \_\_\_\_\_

School District Name \_\_\_\_\_

School District Number \_\_\_\_\_

Applicant Teacher's Name \_\_\_\_\_

Applicant Teacher's Email \_\_\_\_\_

Residency Artist's Name \_\_\_\_\_

Residency Length (TIP) ☐ 1 week (5 days) ☐ 2 weeks (10 days)  
☐ 3 weeks (15 days) ☐ 4 weeks (20 days)

Residency Title (*short phrase*) \_\_\_\_\_

Estimated Residency Beginning Date (*month/day/year*) \_\_\_\_\_ / \_\_\_\_ /2006

Estimated Residency End Date (*month/day/year*) \_\_\_\_\_ / \_\_\_\_ /2006

Briefly describe your proposed residency.

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_